

1.0 Description of the Procedure

Stereotactic pallidotomy is a surgical technique used in the treatment of severe Parkinson's disease. Pallidotomy is defined as the surgical creation of a lesion in a globus pallidus in the basal ganglia.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Procedure is Covered

Stereotactic pallidotomy is covered when all of the following coverage criteria are met:

1. The recipient has typical paralysis agitans.
2. The recipient exhibits rigidity and bradykinesia.
3. The recipient has a history of optimal response to levodopa.
4. The recipient has become refractory to medical therapy **or** has developed intolerance to medication.
5. The recipient is alert, cooperative, and in general good health.
6. The recipient has a history of active disease for more than five years.

4.0 When the Procedure is Not Covered

1. Stereotactic pallidotomy is not covered when performed with radiation. This is considered investigational and is therefore noncovered by Medicaid.
2. Bilateral pallidotomy on the same date of service is not covered.
3. Stereotactic pallidotomy is not covered when the following conditions exist:
 - advanced cerebral atrophy, focal lesion or lacuna of the basal ganglia
 - advanced disease **or** other conditions that could explain the neurological symptoms
 - atypical Parkinson's Disorder
 - dementia, cerebral atrophy or confused state

5.0 Requirements for and Limitations on Coverage

Prior approval is required. The following medical documentation must be submitted with the prior approval request:

- documentation of the recipient's response to levodopa
- documentation that the recipient is alert, cooperative and in general good health
- documentation that the recipient has a history of the active disease for more than five years
- documentation that the recipient exhibits rigidity and bradykinesia
- documentation that the recipient has typical paralysis agitans
- neurological evaluation that indicates the recipient has become refractory to medical therapy or has developed intolerance to medication
- documentation through MRI or CT of the absence of advanced cerebral atrophy, focal lesion or lacuna of the basal ganglia

6.0 Providers Eligible to Bill for the Procedure

Physicians enrolled in the N.C. Medicaid program who perform this surgery may bill for this service.

7.0 Additional Requirements

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Type

Providers bill professional physician services on the CMS-1500 claim form.

8.2 Diagnosis Codes

The ICD-9-CM diagnosis code that supports medical necessity is 332.0.

8.3 Procedure Codes

The CPT procedure code that is covered by the N.C. Medicaid program is 61720.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: November 1, 2000

Revision Information:

Date	Section Updated	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.